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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	HO-P01979US2 (10003919)
First Named Inventor	Susan Lindquist
COMPLETE IF KNOWN	
Application Number	To be assigned
Filing Date	March 20, 2001
Group Art Unit	N/A
Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TRANSGENIC PLANTS CONTAINING HEAT SHOCK PROTEIN

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application No. and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/190,769	03/20/2000	
60/198,116	04/18/2000	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EK102725610US, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: March 20, 2001

Signature: Susan Hunter (Susan Hunter)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number
or Bar Code Label



OR ☒ Correspondence address below

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26271

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ZIP 77010-3095

Country USA

Telephone (713) 651-3735

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Susan

Family Name
or Surname

Lindquist

Inventor's
Signature

Date

Residence: City

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State Illinois

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Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

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Christine

Family Name
or Surname

Queitsch

Inventor's
Signature

Date

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NAME OF THIRD INVENTOR:

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Elizabeth

Family Name
or Surname

Vierling

Inventor's
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Date

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State Arizona

ZIP

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Country USA

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

Application Number	To be assigned
Filing Date	March 20, 2001
First Named Inventor	Susan Lindquist
Examiner Name	Not Yet Assigned
Group Art Unit	N/A
Attorney Docket No.	HO-P01979US2 (10003919)

TOTAL AMOUNT OF PAYMENT (\$) 427.00**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 06-2375
order 10003919

Deposit Account Name Fulbright & Jaworski L.L.P.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE						
Large Entity			Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Code	Fee (\$)			
101	710	201	355	Utility filing fee	355.00	
106	320	206	160	Design filing fee		
107	490	207	245	Plant filing fee		
108	710	208	355	Reissue filing fee		
114	150	214	75	Provisional filing fee		
SUBTOTAL (1)					(\$)	355.00

2. EXTRA CLAIM FEES

Total Claims	28	-20** =	8	X	9	=	72.00
Independent Claims	2	-3** =	0	X		=	0
Multiple Dependent						=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$) <u>72.00</u>

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
105	130	205	65	Surcharge -- late filing fee or oath		
127	50	227	25	Surcharge -- late provisional filing fee or cover sheet.		
139	130*	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	390	216	195	Extension for reply within second month		
117	890	217	445	Extension for reply within third month		
118	1,390	218	695	Extension for reply within fourth month		
128	1,890	228	945	Extension for reply within fifth month		
119	310	219	155	Notice of Appeal		
120	310	220	155	Filing a brief in support of an appeal		
121	270	221	135	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive -- unavoidable		
141	1,240	241	620	Petition to revive -- unintentional		
142	1,240	242	620	Utility issue fee (or reissue)		
143	440	243	220	Design issue fee		
144	600	244	300	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Processing fee under 37 CFR 1.17(q)		
126	180	126	180	Submission of Information Disclosure Stmt		
581	40	581	40	Recording each patent assignment per property (times number of properties)		
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))		
149	710	249	355	For each additional invention to be examined (37CFR 1.129(b))		
179	710	279	355	Request for Continued Examination (RCE)		
169	900	169	900	Request for expedited examination of a design application		

Stoba U.S. pto
09/81235

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**SUBMITTED BY**

Name (print/type) Melissa L. Sistrunk

Registration No. (Attorney/Agent) 45,579

Complete (if applicable)

Telephone (713) 651-3735

Signature

Melissa L. Sistrunk

Date

March 20, 2001

Fee Transmittal

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